



## Town of Abington

### Incident Report

Date and Time of Incident: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Vehicle Information: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Driver Information:

Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occurrence/Accident: (please include location and pertinent details including any witnesses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Use additional sheet of paper if necessary for description of accident. Attach any paid bills or photo's to help during the investigation of this claim.

By giving you the opportunity to fill out a claim form does not constitute responsibility on the party of the Town of Abington for this claim, nor does it mean that this claim will automatically be paid by the Town of Abington or its Insurance Company. This claim will be investigated by the proper department and a determination will then be made.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please print form and return to :  
Abington Town Hall  
500 Gliniewicz Way  
Abington, Ma 02351

**For Town use only:**

Signed by Town Department Head:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Department: \_\_\_\_\_

Department Phone Number/Extension: \_\_\_\_\_ Date: \_\_\_\_\_